Image# 13960955944 PAGE 1 / 37

FEC FORM 3Y

REPORT OF RECEIPTS AND DISBURSEMENTS

TORIWI 3X F	For Other Than An Au	uthorized Committe	ee		Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing over the lines.	ng, type	12FE4M5	
American Health Care	Association Politica	al Action Commit	tee		
ADDRESS (number and street)	1201 L Street, NW				
Check if different					
than previously reported. (ACC)	Washington			DC	20005
2. FEC IDENTIFICATION NU	JMBER ▼ C	CITY A	S	STATE A	ZIP CODE ▲
C C00006080	3.		NEW (N) OR	AM (A)	IENDED
4. TYPE OF REPORT (Choose One)	Report Due On:		May 20 (M5)	-	20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	M	ar 20 (M3)	Jun 20 (M6)	Sep	20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (Q		or 20 (M4)	Jul 20 (M7)	Oct 2	20 (M10) Jan 31 (YE)
July 15 Quarterly Report (Q	(C) 12-Day	Primary (12F	P)	General ((12G) Runoff (12R)
October 15 Quarterly Report (Q	Report for the:	Convention ((12C)	Special (12S)
January 31 Year-End Report (Y	Floor	tion on	D D /	Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	n (d) 30-Day POST-Election	General (300	G)	Runoff (3	Special (30S)
Termination Report (TER)	Report for the:	tion on	D D /	Y	in the State of
5. Covering Period 01	M / D D / Y Y Y O 1 2013		M M 01	/ 31 /	2013
I certify that I have examined th	•	of my knowledge and	belief it is true	e, correct and	d complete.
Type or Print Name of Treasure	Mr. Leonard Russ				
Signature of Treasurer Mr. I	Leonard Russ	[Electronicall	y Filed] Da	ate 02	20 / 2013
NOTE: Submission of false, errone	eous, or incomplete informat	ion may subject the per	son signing thi	s Report to th	ne penalties of 2 U.S.C. §437g.
Office Use Only					FEC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period: From: 01 01 2013 To: 01 31 2013

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2013		287615.28
	(b) Cash on Hand at Beginning of Reporting Period	287615.28	
	(c) Total Receipts (from Line 19)	90657.75	90657.75
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	378273.03	378273.03
7.	Total Disbursements (from Line 31)	91871.49	91871.49
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	286401.54	286401.54
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Health Care Association Political Action Committee

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date			
Contributions (other than loans) From:					
(a) Individuals/Persons Other					
Than Political Committees		20004.00			
(i) Itemized (use Schedule A)	83061.00	83061.00			
(ii) Unitemized	2596.75	2596.75			
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	85657.75	85657.75			
(b) Political Party Committees	0.00	0.00			
(c) Other Political Committees	5000.00	500000			
(such as PACs)	5000.00	5000.00			
(d) Total Contributions (add Lines					
11(a)(iii), (b), and (c)) (Carry		00057.75			
Totals to Line 33, page 5)	90657.75	90657.75			
. Transfers From Affiliated/Other					
Party Committees	0.00	0.00			
All Loans Received	0.00	0.00			
		,			
Loan Repayments Received	0.00	0.00			
Offsets To Operating Expenditures	7	7			
(Refunds, Rebates, etc.)					
(Carry Totals to Line 37, page 5)	0.00	0.00			
Refunds of Contributions Made					
to Federal Candidates and Other					
Political Committees	0.00	0.00			
Other Federal Receipts	7				
(Dividends, Interest, etc.)	0.00	0.00			
Transfers from Non-Federal and Levin Funds	0.00	0.00			
(a) Non-Federal Account					
(from Schedule H3)	0.00	0.00			
(IIOIII Ochedule 110)	7	0.00			
	0.00	0.00			
(b) Levin Funds (from Schedule H5)	0.00	0.00			
(2) Table To a (2) (2) (2) (2) (2)	222				
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00			
. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	90657.75	90657.75			
. Total Federal Receipts					
(subtract Line 18(c) from Line 19)▶	90657.75	90657.75			

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date			
21. (Operating Expenditures: (a) Allocated Federal/Non-Federal		outonaur rour to buto			
	Activity (from Schedule H4) (i) Federal Share	0.00	0.00			
	(i) Toderai Offare					
	(ii) Non-Federal Share	0.00	0.00			
((b) Other Federal Operating					
	Expenditures	871.49	871.49			
((c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	871.49	871.49			
-	Transfers to Affiliated/Other Party					
(Committees	0.00	0.00			
- 1	Contributions to Federal Candidates/Committees and Other Political Committees	91000.00	91000.00			
I	Independent Expenditures					
((use Schedule E)	0.00	0.00			
((2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00			
(use Schedule F)	3	0.00			
ı	Loan Repayments Made	0.00	0.00			
	Loans Made Refunds of Contributions To:	0.00	0.00			
	(a) Individuals/Persons Other	0.00	0.00			
	Than Political Committees	0.00	0.00			
((b) Political Party Committees	0.00	0.00			
	(c) Other Political Committees					
	(such as PACs)	0.00	0.00			
	(d) Total Contribution Refunds					
'	(add Lines 28(a), (b), and (c))▶	0.00	0.00			
(Other Disbursements	0.00	0.00			
	Federal Election Activity (2 U.S.C. §431(20))					
	(a) Allocated Federal Election Activity					
,	(from Schedule H6)					
	(i) Federal Share	0.00	0.00			
		0.00	0.00			
,	(ii) "Levin" Share(b) Federal Election Activity Paid Entirely	0.00	0.00			
((b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00			
((c) Total Federal Election Activity (add					
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00			
	Total Disbursements (add Lines 21(c), 22,					
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	91871.49	91871.49			
-	-, ,,,,(0), and(0),	31011.40	31071.48			
	Total Federal Disbursements					
	(subtract Line 21(a)(ii) and Line 30(a)(ii)	04974 40	01074 40			
1	from Line 31)▶	91871.49	91871.49			

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures			
3. Total Contributions (other than loans) (from Line 11(d), page 3)	90657.75	90657.75	
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00	
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	90657.75	90657.75	
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	871.49	871.49	
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00	
8. Net Operating Expenditures (subtract Line 37 from Line 36)	871.49	871.49	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE		6	OF		37	
(0	(check only one)										
	X	11a		11b		11c		12			
		13		14		15		16	;		17

	nd Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) American Health Care Assoc	iation Political Action Committee	
Full Name (Last, First, Middle Initial) John Barber Mailing Address 130 E Main St		Date of Receipt
		01 24 2013
City	State Zip Code	Transaction ID : C1911782
Spartanburg	SC 29306-5113	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	5000.00
Name of Employer	Occupation	-
White Oak Management, Inc.	Executive VP/CFO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	
Full Name (Last, First, Middle Initial)	3300.00	
Blton Beebe Jr. Mailing Address 1308 Bruton Springs Road	1	Date of Receipt
City	State Zip Code	01 25 2013 Transaction ID : C1923129
Austin	TX 78733	Transaction ID : C1923129 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1250.00
Name of Employer Burnt Tavern Rehabilation HealthCare	Occupation Owner	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	
Full Name (Last, First, Middle Initial) C. Mark Berger	1	Date of Receipt
Mailing Address 521 Gleason St.		01 24 2013
City Brusly	State Zip Code LA 70719	Transaction ID : C1911774 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	+
Louisiana Nursing Home Association	СРА	
Receipt For: Primary General	Aggregate Year-to-Date ▼	1
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)	6500.00
TOTAL This Period (last page this line num	her only)	

Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)									
	X 11a 11b	11c	12							
,	13 14	15	16 17							
		11. 11.								

	Statements may not be sold or used by any pers he name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Health Care Associa	ation Political Action Committee	
Full Name (Last, First, Middle Initial) A. Roger Bernier Mailing Address 18 Forestdale Drive		Date of Receipt
Maining Address 10 Forestudie Drive		01 22 2013
City	State Zip Code	Transaction ID : C1905537
White House Station	NJ 08889	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Chelsea Senior Living	President	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Other (specify)	300.00	
Full Name (Last, First, Middle Initial) 3. Linda Black-Kurek		Date of Receipt
Mailing Address 7445 Liberty Woods Lane		01 22 Y 2013
City	State Zip Code	Transaction ID : C1905515
Dayton	OH 45459	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1250.00
Name of Employer	Occupation	
Liberty Health Care Corporation	President	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1250.00	
Full Name (Last, First, Middle Initial) C. Ashley Blankenship	1	Date of Receipt
Mailing Address 1306 S. Donaghey		01 22 2013
City Conway	State Zip Code AR 72034	Transaction ID : C1905775 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
Self Employed	Nursing Home Owner	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (optional)	•	2750.00
TOTAL This Period (last page this line number	er only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE		8	OF		37	
(check only one)											
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	13		14		15		16			17	

Any information copied from such Reports and St or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full)		
American Health Care Associati	on Political Action Committee	
Full Name (Last, First, Middle Initial) Christine K. Boldt		Date of Receipt
Mailing Address 1534 Roving Hills Drive		01 31 2013
City	State Zip Code	Transaction ID : C1918463
Red Wing	MN 55066-7144	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Benedictine Health Systems	Vice President of Operations	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Lane Bowen		Date of Receipt
Mailing Address 680 South Fourth Street		01 23 2013
City	State Zip Code	Transaction ID : C1911213
Louisville	KY 40202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	5000.00
Name of Employer	Occupation	
Kindred Healthcare	EVP & President, Health Services Div.	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	
Full Name (Last, First, Middle Initial) C. Karen H. Chadderton		Date of Receipt
Mailing Address 4 Wagon Road		01 30 2013 _
City	State Zip Code	Transaction ID : C1917749
Enfield	CT 06082-5639	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Riverside Health & Rehabilitation Cent	Administrator	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)		5750.00
TOTAL This Period (last page this line number of	only)	

Saint Paul

FEC ID number of contributing

federal political committee.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

| Vision | Check only | Inchest |

FOR LINE NUMBER:					PAGE		9	OF		37	
(check only one)											
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	13		14		15		16			17	

Amount of Each Receipt this Period

1000.00

or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Marcia Cotter Date of Receipt Mailing Address 904 Meadow Avenue 24 2013 City State Zip Code Transaction ID: C1911777 MN Shoreview 55124 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Name of Employer Occupation Parkinson's Specialty Care CEO/Administrator Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Patti Cullen Date of Receipt Mailing Address 2104 Palace Ave 01 25 2013 City State Zip Code Transaction ID: C1923126

55105-1329

MN

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

Name of Employer Care Providers of Minnesota Receipt For: Primary General Other (specify)	Occupation President Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Michael D'Arcangelo Mailing Address 200 Dryden Road, Suite 3100 City	State Zip Code	Date of Receipt 01 23 2013
Dresher FEC ID number of contributing	PA 19025	Transaction ID : C1911216 Amount of Each Receipt this Period 5000.00
federal political committee. Name of Employer Complete Healthcare Resources Receipt For: Primary General Other (specify) ▼	Occupation Senior Executive Vice President Aggregate Year-to-Date ▼ 5000.00	

6300.00

FOR LINE NUMBER: PAGE 10 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) RaeAnne Davis Date of Receipt Mailing Address 9801 La Duke Drive 2013 22 City Zip Code State Transaction ID: C1909388 MD Kensington 20895 Amount of Each Receipt this Period FEC ID number of contributing C 950.00 federal political committee. Name of Employer Occupation Chief Strategic Officer & Senior VP American Health Care Association Receipt For: Aggregate Year-to-Date ▼ Primary General 950.00 Other (specify) Full Name (Last, First, Middle Initial) B. Patrick Fairbanks Date of Receipt Mailing Address 19915 Nina St. 01 2013 24 City State Zip Code Transaction ID: C1911231 NE Omaha 68130 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Vetter Health Services COO Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Julie Fox Cash Date of Receipt Mailing Address 1536 Claiborne Ave 01 18 2013 City State Zip Code Transaction ID: C1923123 LA Shreveport 71103-4206 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Administrator Claiborne Health Center Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1700.00 SUBTOTAL of Receipts This Page (optional).....

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TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 11 OF 37 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Denny Gamble Date of Receipt Mailing Address PO Box 52369 2013 28 City State Zip Code Transaction ID: C1923110 Shreveport LA 71135-2369 Amount of Each Receipt this Period FEC ID number of contributing C 5000.00 federal political committee. Name of Employer Occupation **Guest Care Management** Owner Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) Full Name (Last, First, Middle Initial) B. David Gifford Date of Receipt Mailing Address 81 Kenyon Ave 01 30 2013 City State Zip Code Transaction ID: C1917753 East Greenwich RΙ 02818-2905 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation AHCA/NCAL Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Patricia Giorgio Date of Receipt Mailing Address 4702 Chestnut Ridge NE 2013 01 22 City State Zip Code Transaction ID: C1909392 IΑ Cedar Rapids 52411 Amount of Each Receipt this Period FEC ID number of contributing 1250.00 С federal political committee. Name of Employer Occupation **Evergreen Estates** Owner Receipt For: Aggregate Year-to-Date ▼ Primary General 1250.00 Other (specify) 7250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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FOR LINE NUMBER: PAGE 12 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Beverly Hagood Date of Receipt Mailing Address 403 Dundee 2013 18 City Zip Code State Transaction ID: C1923121 AR Texarkana 71854 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation Mt. Pleasant Healthcare Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dana Halvorson Date of Receipt Mailing Address 235 2nd St NE 01 18 2013 City State Zip Code Transaction ID: C1923115 DC Washington 20002 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation American Health Care Association Director of NFP Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Steven P Hatlestad Date of Receipt Mailing Address 18705 West 153rd Terrace 01 29 2013 City Zip Code State Transaction ID: C1914498 KS Olathe 66062-3189 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation VP Operation Skilled Division Americare Systems Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOR L	INE NU	MBER:	PAGE	1	I3 OF	= 3	7
Use separate schedule(s)	(check	only or	ne)					
for each category of the Detailed Summary Page	X 1	1a	11b	11c		12		
	l □1	3	14	15		16	\square_1	7

Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any pers the name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Health Care Associa	tion Political Action Committee	
Full Name (Last, First, Middle Initial) Steven D. Heaney Mailing Address 1116 Ninth Ave. City Tom's River FEC ID number of contributing federal political committee. Name of Employer Brandywine Senior Living Receipt For: Primary General Other (specify)	State Zip Code NJ 08757 C Occupation Vice President Aggregate Year-to-Date 500.00	Date of Receipt 01 22 2013 Transaction ID: C1905704 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Richard Herrick Mailing Address 33 Elk Street City Albany FEC ID number of contributing federal political committee. Name of Employer NYS Health Facilities Association Receipt For: Primary General Other (specify)	State Zip Code NY 12207 C Occupation President Aggregate Year-to-Date ▼ 250.00	Date of Receipt O1 31 2013 Transaction ID : C1918466 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Margaret Hodgson Mailing Address 509 E Fannin St City De Kalb FEC ID number of contributing federal political committee. Name of Employer Omaha Healthcare Center Receipt For: Primary General Other (specify)	State Zip Code TX 75559-1838 C Occupation Administrator Aggregate Year-to-Date ▼ 500.00	Date of Receipt O1 18 2013 Transaction ID : C1923113 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional)	>	1250.00
TOTAL This Period (last page this line numbe	r only)	7

FOR LINE NUMBER. PAGE 14 OF Use separate schedule(s) for each category of the Detailed Summary Page

ı	FUn	LIINE	INO	INIDEU		FAGL	-	14	Oi	31
(check only one)										
	X	11a	11c		12					
		13		14		15		16		17

	d Statements may not be sold or used by any pers the name and address of any political committee t	
NAME OF COMMITTEE (In Full) American Health Care Associ	ation Political Action Committee	
Full Name (Last, First, Middle Initial) Jeffrey N Hyatt Mailing Address 5102 Scenic Drive		Date of Receipt
Mailing Address 5102 Scenic Drive		01 22 _ 2013 _
City	State Zip Code	Transaction ID : C1905765
Yakima	WA 98908	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2500.00
Name of Employer	Occupation	-
Hyatt Family Facitilies	Owner	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	
Full Name (Last, First, Middle Initial) 3. Jeanne C. Jaeckels		Data of Descript
Mailing Address 12120 24th Street		Date of Receipt O1 22 2013
City	State Zip Code	Transaction ID : C1905703
Clear Lake	MN 55319	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	1
Tealwood Senior Living	Director of Housing Development	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) C. Kelley Kash		Date of Receipt
Mailing Address 815 West Neck Road		01 23 2013
City Nobleboro	State Zip Code ME 04555	Transaction ID : C1909396 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	+
Maine Veterans' Homes	CEO	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)		3500.00
TOTAL This Period (last page this line numb	er only)	

FOR LINE NUMBER: PAGE 15 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Gary Kelso Date of Receipt Mailing Address 10331 E Highway 39 2013 22 City State Zip Code Transaction ID: C1909389 UT Huntsville 84317-9670 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Name of Employer Occupation Mission Health Services President Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Rosemary C. Kilby Date of Receipt Mailing Address 2030 N Garey Ave 01 23 2013 City State Zip Code Transaction ID: C1911209 CA Pomona 91767-2722 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Landmark Medical Center Administrator Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Debra Kriner Date of Receipt Mailing Address 7608 Shadywood Lane 2013 01 25 City State Zip Code Transaction ID: C1923130 OH Sylvania 43560-1841 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation D. Kriner & Associates Owner Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 2500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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FOR LINE NUMBER: PAGE 16 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Cindy Luxem Date of Receipt Mailing Address 1100 SW Gage 2013 25 City State Zip Code Transaction ID: C1913215 KS Topeka 66604 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation CEO Kansas Health Care Association Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Christian Mason Date of Receipt Mailing Address 15467 Union School Road 01 2013 22 City State Zip Code Transaction ID: C1905773 Woodburn OR 97071 Amount of Each Receipt this Period FEC ID number of contributing 5000.00 federal political committee. Name of Employer Occupation Senior Housing Management, LLC CEO Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Deborah Meade Date of Receipt Mailing Address P.O. Box 9057 2013 01 22 City State Zip Code Transaction ID: C1905751 GA Warner Robins 31095 Amount of Each Receipt this Period FEC ID number of contributing 2500.00 С federal political committee. Name of Employer Occupation CFO Health Management Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) 8000.00 SUBTOTAL of Receipts This Page (optional).....

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TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE (check only one) X 11a 11b 11c

17 OF 37 Use separate schedule(s) for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Nicolette Merino Date of Receipt Mailing Address 25117 SW Parkway Ave. 2013 22 City Zip Code State Transaction ID: C1905559 OR Wilsonville 97070 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation Regional Operations Manager Avamere Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Michael A Newton Date of Receipt Mailing Address 6937 Warfield Avenue 01 24 2013 City State Zip Code Transaction ID: C1911788 MD Sykesville 21784 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation **Nexion Health** Director of Human Resources Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Stacy Parkinson Date of Receipt Mailing Address 9427 Spruce Tree Cir 2013 01 07 City State Zip Code Transaction ID: C1896321 MD Bethesda 20814-1654 Amount of Each Receipt this Period FEC ID number of contributing 5000.00 С federal political committee. Name of Employer Occupation Self Employed Attorney Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) 6500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOR LINE	NUMBER	: PAGE	E 18 OF
Use separate schedule(s)	(check only	y one)		
for each category of the Detailed Summary Page	X 11a	11b	11c	12
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	nd Statements may not be sold or used by any pers	
NAME OF COMMITTEE (In Full) American Health Care Assoc	ciation Political Action Committee	
Full Name (Last, First, Middle Initial) Ronald R. Payne Mailing Address 1518 Legacy Dr Ste 110 City Frisco FEC ID number of contributing federal political committee. Name of Employer Southwest LTC Gulf Health Receipt For: Primary General Other (specify)	State Zip Code TX 75034 C Occupation President/CEO Aggregate Year-to-Date ▼ 5000.00	Date of Receipt M M / D D / Y Y Y Y Y O1 16 2013 Transaction ID: C1902195 Amount of Each Receipt this Period 5000.00
Full Name (Last, First, Middle Initial) Donald Pelligrino Mailing Address 270 Route 28 City Bridgewater FEC ID number of contributing federal political committee. Name of Employer Bridgeway Senior Healthcare Receipt For: Primary General Other (specify)	State Zip Code NJ 08807-1919 C Occupation CEO/Owner Aggregate Year-to-Date ▼ 501.00	Date of Receipt O1 22 2013 Transaction ID: C1905514 Amount of Each Receipt this Period 501.00
Full Name (Last, First, Middle Initial) Scott Pilgrim Mailing Address 11921 S 89th East Ave City Bixby FEC ID number of contributing federal political committee. Name of Employer Diakonos Group LLC Receipt For: Primary General Other (specify)	State Zip Code OK 74008-1823 C Occupation Owner Aggregate Year-to-Date ▼ 2500.00	Date of Receipt O1 25 2013 Transaction ID : C1913211 Amount of Each Receipt this Period 2500.00
SUBTOTAL of Receipts This Page (optional	l) >	8001.00
TOTAL This Period (last page this line num	her only)	

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Detailed Summary Page		×	11a		11b		11c	12		
, ,			13		14		15	16		17

Any information copied from such Reports and sor for commercial purposes, other than using the	Statements may not be sold or used by any perse e name and address of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Health Care Associa	tion Political Action Committee	
Full Name (Last, First, Middle Initial) David Reynolds Mailing Address 241 El Sereno Drive City Scotts Valley FEC ID number of contributing federal political committee. Name of Employer Medline Receipt For: Primary General Other (specify)	State Zip Code CA 95066 C Occupation Sales Representative Aggregate Year-to-Date ▼	Date of Receipt O1 28 2013 Transaction ID: C1913605 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Robert Rosenthal Mailing Address 6400 SW 44th St City Miami FEC ID number of contributing federal political committee. Name of Employer 21st Century Health Group, Inc. Receipt For: Primary General Other (specify)	State Zip Code FL 33155-5145 C Occupation Long Term Care Manager Aggregate Year-to-Date ▼ 500.00	Date of Receipt O1 20 2013 Transaction ID: C1905383 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Joseph William Sadler Mailing Address 1305 W Causeway Approach # 114 City Mandeville FEC ID number of contributing federal political committee. Name of Employer Magnolia Ancillary Services Receipt For: Primary General Other (specify)	State Zip Code LA 70471-3043 C Occupation Regional Director Aggregate Year-to-Date ▼ 500.00	Date of Receipt 101 25 2013 Transaction ID: C1923125 Amount of Each Receipt this Period 500.00
SUBTOTAL of Receipts This Page (optional)	•	1250.00
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 20 OF 37 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Vincent Saturnino Date of Receipt Mailing Address 14699 East Hampden 2013 18 City State Zip Code Transaction ID: C1923120 CO Arvada 80004 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation Administrator Nexion Health, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Joani Schelm Date of Receipt Mailing Address 6330 South 104th Street 01 16 2013 City State Zip Code Transaction ID: C1902191 NE Omaha 68127 Amount of Each Receipt this Period FEC ID number of contributing 2500.00 federal political committee. Name of Employer Occupation Vetter Health Services, Inc. Director of Financial Services Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Terry Schmoyer Jr. Date of Receipt Mailing Address 1330 Lady St, Ste 507 30 2013 01 City Zip Code State Transaction ID: C1917861 SC Columbia 29201-3300 Amount of Each Receipt this Period FEC ID number of contributing 265.00 С federal political committee. Name of Employer Occupation President Schmoyer & Company, LLC Receipt For: Aggregate Year-to-Date ▼ Primary General 265.00 Other (specify) 3265.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

FOR LINE NUMBER: PAGE 21 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Laurie Shepard Date of Receipt Mailing Address 6429 Earlington Lane 2013 22 City State Zip Code Transaction ID: C1905764 Lansing MI 48917 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation Ingham Regional Assisted Living Managing Partner Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. David Stallard Date of Receipt Mailing Address 1305 West Causeway Approach, Ste 1 14 2013 01 City State Zip Code Transaction ID: C1898778 Mandeville LA 70471 Amount of Each Receipt this Period FEC ID number of contributing 1250.00 federal political committee. Name of Employer Occupation Louisiana Extended Care Centers, LLC Managing Member Receipt For: Aggregate Year-to-Date ▼ Primary General 1250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dee Thieme Date of Receipt Mailing Address 1718-2 Mallard Avenue 2013 01 22 City Zip Code State Transaction ID: C1905767 WI Sheboygan Falls 53085 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Vice President of Operations Harmony Living Centers LLC Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 2250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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FOR LINE NUMBER: PAGE (check only one) X 11a 11b 11c

22 OF 37 Use separate schedule(s) for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Lisa Toti Date of Receipt Mailing Address 2140 River Oaks Drive 2013 22 City Zip Code State Transaction ID : C1905682 VA Salem 24153 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Vice President of Human Resources American HealthCare, LLC Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Gary Troth Date of Receipt Mailing Address 4002 Teton Trce 01 24 2013 City State Zip Code Transaction ID: C1911784 IΑ Sioux City 51104-4338 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation Northern Hills Assisted Living **Executive Director** Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Chudy Ubegchu Date of Receipt Mailing Address 128 Kings Court 01 18 2013 City Zip Code State Transaction ID: C1923119 TX Waxahachie 75165 Amount of Each Receipt this Period FEC ID number of contributing 295.00 С federal political committee. Name of Employer Occupation Administrator Nexion Receipt For: Aggregate Year-to-Date ▼ Primary General 295.00 Other (specify) 1045.00 SUBTOTAL of Receipts This Page (optional).....

- 9

TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 23 OF (check only one) X 11a 11b 11c

37 Use separate schedule(s) for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Glenn Van Ekeren Date of Receipt Mailing Address 21134 Arbor Court 2013 23 City State Zip Code Transaction ID: C1911208 ΝE 68022-2063 Elkhorn Amount of Each Receipt this Period FEC ID number of contributing C 2500.00 federal political committee. Name of Employer Occupation Vetter Health Services President Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Jack Vetter Date of Receipt Mailing Address 20220 Harney Street 01 2013 24 City State Zip Code Transaction ID: C1911787 NE Elkhorn 68022 Amount of Each Receipt this Period FEC ID number of contributing 1250.00 federal political committee. Name of Employer Occupation Vetter Health Services President Receipt For: Aggregate Year-to-Date ▼ Primary General 1250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Paula Warren Date of Receipt Mailing Address 1201 L Street, NW 30 2013 01 City State Zip Code Transaction ID: C1917754 DC Washington 20005 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation CIO AHCA/NCAL Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 4250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 24 OF

TEMIZED RECEIPTS		Use separate schedule(s)	(check only one)								
		for each category of the Detailed Summary Page	X 11a 11b 11c 12								
Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements ma	ny not be sold or used by any polytrass of any polytras of any polytras committee	erson for the purpose of soliciting contributions								
NAME OF COMMITTEE (In Full)	e name and a	udiess of any political committee	5 to Someti Continuations from Such Continuitee.								
American Health Care Association	tion Politic	cal Action Committee									
Full Name (Last, First, Middle Initial) A. Brett Waters			Date of Receipt								
Mailing Address 2416 Mesa Street			01 22 2013								
City Idaho Falls	State ID	Zip Code 83401	Transaction ID : C1909391 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		250.00								
Name of Employer	Occupation										
New Beginnings Community Living Home Receipt For:	President	Veente Date =									
Primary General	Aggregate	Year-to-Date ▼	1								
Other (specify) ▼	L	250.00									
Full Name (Last, First, Middle Initial) 3. Kristin West Kemper			Date of Receipt								
Mailing Address 32151 Schwartz Rd			01 22 2013								
City	State	Zip Code	Transaction ID : C1905545								
Avon	ОН	44011-2517	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		1000.00								
Name of Employer Kemper House	Occupation										
Receipt For:		ent of Operations Year-to-Date ▼									
Primary General	Aggregate		1								
Other (specify) ▼		1000.00									
Full Name (Last, First, Middle Initial) . Horace Winchester			Date of Receipt								
Mailing Address 10 Kachina Lane			01 24 2013								
City Placitas	State NM	Zip Code 87043	Transaction ID : C1912340 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		250.00								
Name of Employer	Occupation										
Winchester Management	Owner										
Receipt For: Primary General	Aggregate	Year-to-Date ▼									
Other (specify) ▼		250.00									
SUBTOTAL of Receipts This Page (optional)			1500.00								
TOTAL This Period (last page this line number	only)										

FOR LINE NUMBER: PAGE 25 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Roderick Wolfe Date of Receipt Mailing Address 413 Lake Point Drive 2013 22 City State Zip Code Transaction ID: C1905771 TN Clarksville 37043 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Name of Employer Occupation Administrator DIGITAR Management Co. Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Marilyn Wood Date of Receipt Mailing Address 4140 Lakeland Highlands Rd 01 24 2013 City State Zip Code Transaction ID: C1911783 FL Lakeland 33813 Amount of Each Receipt this Period FEC ID number of contributing 2500.00 federal political committee. Name of Employer Occupation Opis Management Resources LLC CEO/Owner Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Frank Wronski Date of Receipt Mailing Address 64500 Van Dyke Road 2013 01 24 City State Zip Code Transaction ID: C1911790 MI Washington 48095-2583 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation President Medilodge Group Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 4500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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FOR LINE NUMBER: PAGE 26 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Kim Zimmerman Date of Receipt Mailing Address 6797 Colby Crossing 25 2013 City State Zip Code Transaction ID: C1913192 VA McLean 22046 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation AHCA/NCAL Senior Director Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. LAG Associates LP Managers Date of Receipt Mailing Address 8028 Ritchie Hwy Ste 210 01 23 2013 City State Zip Code Transaction ID: C1911215 MD Pasadena 21122-1075 Amount of Each Receipt this Period FEC ID number of contributing C 1250.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General PARTNERSHIP--partners below if itemized 1250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Gary Attman Date of Receipt Mailing Address 8028 Ritchie Highway 2013 01 23 City Zip Code State Transaction ID: C1923191 MD Pasadena 21122-1069 Amount of Each Receipt this Period FEC ID number of contributing 1250.00 С federal political committee. Name of Employer Occupation LAG Associates LP Managers Owner Receipt For: Aggregate Year-to-Date ▼ [MEMO ITEM] Primary General 1250.00 Other (specify) 1500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

FOR LINE NUMBER: PAGE 27 OF 37 Use separate for each categ Detailed Sumn

schedule(s)		ck only		TAGE	 	-	<u> </u>
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NAME OF COMMITTEE (In Full)	vocation Delitical Author Co	
/ American Health Care As	ssociation Political Action Committee	
Full Name (Last, First, Middle Initial) Central Management Compan		Date of Receipt
Mailing Address PO Box 1438		01 25 / Y = Y = Y = Y
City	State Zip Code	Transaction ID : C1923132
Winnfield	LA 71483-1438	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2500.00
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	PARTNERSHIPpartners below if itemized
Full Name (Last, First, Middle Initial) Teddy Rae Price		Date of Receipt
Mailing Address PO Box 1438		M = M / D = D / Y = Y = Y
City	State Zip Code	01 25 2013
City Winnfield	State Zip Code LA 71483-1438	Transaction ID : C1923133
	/ 1403-1430	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2500.00
Name of Employer Central Management Company, LLC	Occupation Owner	
Receipt For:		- IMERAO ITEM
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	[MEMO ITEM] *
Full Name (Last, First, Middle Initial)	'	Date of Receipt
Mailing Address		M = M / D = D / Y = Y = Y
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	7 7 7
Name of Employer	Occupation	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (op	otional)	2500.00
	<u></u>	
TOTAL This Period (last page this line	number only)	83061.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 OF 37 (check only one) 11a 11b X 11c 12 13 14 15 16 17			
	ny information copied from such Reports and Stator commercial purposes, other than using the						
	NAME OF COMMITTEE (In Full) American Health Care Association	on Politio	cal Action Committee				
Α.	Full Name (Last, First, Middle Initial) DIRECT SUPPLY INC. PARTNERS PA	Full Name (Last, First, Middle Initial) DIRECT SUPPLY INC. PARTNERS PAC (DSI PARTNERS PAC)					
	Mailing Address 6767 North Industrial Road	01 18 2013					
	City	State	Zip Code	Transaction ID : C1923116			
	Milwaukee	WI	53223	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C co	0409516	5000.00			
	Name of Employer	Occupation					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00	Unsolicited Contribution			
	Full Name (Last, First, Middle Initial)						
В.				Date of Receipt			
	Mailing Address	M = M / D = D / Y = Y = Y					
	City	State	Zip Code	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С					
	Name of Employer	Occupation					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼				
_	Full Name (Last, First, Middle Initial)			Data of Dassiet			
C.	Mailing Address			Date of Receipt			
	City	State	Zip Code	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		Amount of Edon receipt this rened			
	Name of Employer	Occupation					
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼				
5	SUBTOTAL of Receipts This Page (optional)			5000.00			

TOTAL This Period (last page this line number only).....

5000.00

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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 29 OF					
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	/ (CITCCK C	ck only one)				
	Detailed Summary Page	X 2		23	24 25 3		
Г		27		28b	28c 29		
Any information copied from such Reports and State or for commercial purposes, other than using the na							
NAME OF COMMITTEE (In Full)							
American Health Care Association	n Political Action Co	mmittee					
Full Name (Last, First, Middle Initial)							
A. American Express	Date o	f Disbursem	ent / Y P Y P Y P Y				
Mailing Address PO Box 53773			01	11	2013		
City	State Zip Code		Trans	saction ID :	D140502		
Phoenix	AZ 85072-3773			saction ib .	D140302		
Purpose of Disbursement Credit Card Processing Fees			Amoun	t of Each Di	isbursement this Period		
Candidate Name		Category/ Type			1.60		
Office Sought: House Disburse	ement For:						
Senate	Primary General						
President	Other (specify) ▼						
State: District:							
Full Name (Last, First, Middle Initial)			Data	f Diahuraam	ant		
B. American Express				f Disbursem			
Mailing Address PO Box 53773			01	11	2013		
City	State Zip Code		_		D440500		
Phoenix	AZ 85072-3773		Trans	saction ID :	D140503		
Purpose of Disbursement Credit Card Processing Fees			Amoun	t of Each Di	isbursement this Period		
Candidate Name		Category/	' I				
		Type		-	16.00		
Office Sought: House Disburse	ement For:						
Senate	Primary General						
State: President District:	Other (specify) ▼						
Full Name (Last, First, Middle Initial)							
C. American Express			Date o	f Disbursem	ent		
			M = M	/ D D	/ Y Y Y Y Y		
Mailing Address PO Box 53773			01	28	2013		
City	State Zip Code		_				
Phoenix	AZ 85072-3773		Trans	saction ID :	D140504		
Purpose of Disbursement Credit Card Processing Fees			7				
, and the second		L	Amoun	t of Each Di	isbursement this Period		
Candidate Name		Category/ Type			64.00		
Office Sought: House Disburse	ement For:						
Senate	Primary General						
President	Other (specify) ▼						
State: District:							
SUBTOTAL of Disbursements This Page (optional).					81.60		
TOTAL This Period (last page this line number only	/)			-			

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SCHEDULE B (FEC Form 3X)				FOR LINE NUMBER: PAGE 30 OF						
	EMIZED DISBURSEMENTS	Use sepa	arate schedule(s)	FOR LINE (check only	NOMBER.					
П	EINITED DISDOUSEMENTS		category of the	(criccit crity	22 23 24 25 26					
		Detailed	Summary Page	27	28a 28b 28c 29 30b					
Δr	ny information copied from such Reports and Staten	nents may	not be sold or us	sed by any ners	on for the purpose of soliciting contributions					
or	for commercial purposes, other than using the name	ne and add	ress of any politi	cal committee to	o solicit contributions from such committee.					
\setminus	NAME OF COMMITTEE (In Full)									
$ \rangle$	American Health Care Association	Politica	L Action Cor	nmittee						
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	Full Name (Last, First, Middle Initial)									
A.	American Express				Date of Disbursement					
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	Mailing Address PO Box 53773				01 28 2013					
	Oth	21-1-	7. 0.1.							
	City S Phoenix	State AZ	Zip Code 85072-3773		Transaction ID : D140505					
	Purpose of Disbursement	AL	65072-3773							
	Credit Card Processing Fees				Amount of Each Disbursement this Period					
	Candidate Name			0.1						
				Category/ Type	132.80					
	Office Sought: House Disbursen	nent For:		.,,,,,						
		Primary	General							
	President	Other (spe	cify) 🔻							
	State: District:									
	Full Name (Last, First, Middle Initial)									
В.	American Express				Date of Disbursement					
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	Mailing Address PO Box 53773		01 29 2013							
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	City S Phoenix	State AZ	Zip Code 85072-3773		Transaction ID : D140506					
	Purpose of Disbursement	Λ <u>∠</u>	05072-5775							
	Credit Card Processing Fees			Amount of Each Disbursement this Period						
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				Type	91.20					
	Office Sought: House Disbursen	nent For:	I							
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C.	American Express				Date of Disbursement					
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	Mailing Address PO Box 53773				01 25 2013					
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	Phoenix	AZ	85072-3773		Transaction ID : D140512					
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	Credit Card Processing Fees				Amount of Each Disbursement this Period					
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SCHEDULE B (FEC Form 3X)					FOR LINE NUMBER: PAGE 31 OF						OF	37		
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the)	(chec	heck only one)								
			Summary Page		×	21b	22		23		24	25		26
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\setminus	NAME OF COMMITTEE (In Full)													
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$\overline{}$	Full Name (Last, First, Middle Initial)						_							
Α.	BB&T Merchant Services						Date	of D	isburs			1 Y 1 Y	■ Y	
	Mailing Address PO Box 200						0	1		15		2013	-	
	,	State	Zip Code				Tra	nsac	tion ΙΓ) · D	140500)		
	Wilson Purpose of Disbursement	NC	27894-0200									•		
	Credit Card Processing Fees						Amo	unt o	f Each	Dis	sbursen	nent this	Peri	iod
	Candidate Name			С	atego Type	ry/					_,_	Ę	54.40	,
		Primary	General											
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_	State: District:													
В.	Full Name (Last, First, Middle Initial) BB&T Merchant Services						Date	of D	isburs	eme	ent			
	Mailing Address PO Box 200						0	1		15	/ Y	2013	Y	
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	Wilson	State NC	Zip Code 27894-0200				Tra	nsac	tion II) : C	014050°	I		
	Purpose of Disbursement Credit Card Processing Fees						Amo	unt o	f Each	Dis	sbursen	nent this	Peri	iod
	Candidate Name			С	atego Type	ry/			,			13	25.31	
	Office Sought: House Disbursen	nent For:												
		Primary	General											
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_	Full Name (Last, First, Middle Initial)						Doto	of D	isburs		n.t			
C.	BB&T													
	Mailing Address 1099 New York Ave NW Ste 100						0	_	/ D	22	/ Y	2013	" Y	
	City	State	Zip Code				Tra	ınsac	tion IE) : C	140498	3		
	Washington DC 20001-4452 Purpose of Disbursement Bank Fees					\neg								
	Candidate Name			C	atego	ry/	Amo	unt o	f Each	Dis	sbursem	nent this	Peri 00.56	
	Office Sought: House Disbursen	nent For:		·					7		7			
	Senate	Primary	General											
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Т	OTAL This Period (last page this line number only)					•			,		,			

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SCHEDULE B (FEC Form 3X)		T FOR LINE	NUMBER: PAGE 32 OF 3			
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE (check only	NOMBELL.			
II LIVIIZED DISBURSEMENTS	for each category of the	X 21b	22 23 24 25 2			
	Detailed Summary Page	27	28a 28b 28c 29 3			
Any information copied from such Reports and Staten	nents may not be sold or use	ed by any perso	on for the purpose of soliciting contributions			
or for commercial purposes, other than using the nam						
NAME OF COMMITTEE (In Full)		· · · · · ·				
American Health Care Association	Political Action Com	nmittee				
Full Name (Last, First, Middle Initial)		ı				
A. BB&T			Date of Disbursement			
7" DDα I						
Mailing Address 1099 New York Ave NW			01 22 2013			
Ste 100						
	State Zip Code		Transaction ID : D140499			
Washington Purpose of Disbursement	DC 20001-4452					
Bank Fees		· · ·	Amount of Each Disbursement this Period			
Candidate Name		Category				
		Category/ Type	83.92			
Office Sought: House Disbursen	nent For:					
	Primary General					
President	Other (specify) ▼					
State: District:						
B.	Full Name (Last, First, Middle Initial)					
J.		Date of Disbursement				
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	3 3					
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ruipose oi Dispuisement			Amount of Each Disbursement this Per			
Candidate Name		Cotomariu	S. 2357 Pibbarosition and Foliod			
		Category/ Type				
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	Primary General					
	Other (specify) ▼					
State: District:						
Full Name (Last, First, Middle Initial) C.			Data of Diaburaament			
C.			Date of Disbursement			
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Purpose of Disbursement		· · ·				
Candidate Name			Amount of Each Disbursement this Period			
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SCHEDULE B (FEC Form 3X		FOR LINE NUMBER: PAGE 33 OF 37						
ITEMIZED DISBURSEMENTS	Use separate schedule(s) (check only	TTO MEET I.					
II LIVIIZED DISBURSEIVIEN IS	for each category of the) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	22 🔀 23 🗆 24 🗆 25 🗀 26					
	Detailed Summary Page	27	28a 28b 28c 29 30b					
Any information copied from such Reports and	d Statements may not be sold or	used by any pers	on for the purpose of soliciting contributions					
or for commercial purposes, other than using								
NAME OF COMMITTEE (In Full)								
American Health Care Associ	ation Political Action Co	ommittee						
<u> </u>								
Full Name (Last, First, Middle Initial)	II DAG		Date of Disbursement					
A Conservatives Restoring Exc	Conservatives Restoring Excellence PAC							
Mailing Address PO Box 97275			01 08 2013					
			0. 90 20,0					
City	State Zip Code		Transaction ID : D139993					
Raleigh	NC 27624-7275		Transaction iD : D139993					
Purpose of Disbursement Contribution			Assessment of Foods Districtions and this Books d					
Candidate Name			Amount of Each Disbursement this Period					
Candidate Natile		Category/ Type	1500.00					
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President	Other (specify) ▼							
State: District:								
Full Name (Last, First, Middle Initial)								
B. Democratic Congressional Ca	ampaign Committee		Date of Disbursement					
Mailian Address as a constant			M M / D D / Y Y Y Y					
Mailing Address 430 S Capitol St SE			01 22 2013					
City	State Zip Code							
Washington	DC 20003-4024		Transaction ID : D140143					
Purpose of Disbursement								
Contribution			Amount of Each Disbursement this Period					
Candidate Name		Category/	15000.00					
Office Sought: House D	isbursement For:	Туре	.0000.00					
Office Sought: House D	Primary General							
President	Other (specify)							
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Full Name (Last, First, Middle Initial)								
C. Democratic Senatorial Campa	aign Committee		Date of Disbursement					
			M M / D D / Y Y Y Y					
Mailing Address 430 S Capitol St SE			01 22 2013					
City	State Zip Code							
Uity Washington	DC 20003-4024		Transaction ID : D140144					
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Contribution			Amount of Each Disbursement this Period					
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		Type	15000.00					
	isbursement For:							
Senate President	Primary General							
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TOTAL This Period (last page this line numb	er only)							

SCHEDULE B (FEC Form 3X)	11		FOR LINE I	NUMBER:		PAGE	34 OF	37
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	Detailed Summary		21b 27	22 28a	X 23 28b	24 28c	25 29	30
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or for commercial purposes, other than using the name								
NAME OF COMMITTEE (In Full)	Dare LA e							
American Health Care Association	Political Action	n Comr	nittee					
Full Name (Last, First, Middle Initial)				D : -	Distri			
A. GLACIER PAC					Disbursemer			
Mailing Address 236 Massachusetts Avenue NE				M M M	22		13	
Suite 603								
City S Washington	State Zip Coo DC 20002	de		Transa	ction ID : D1	140147		
Purpose of Disbursement	20002							
Contribution				Amount	of Each Disk	oursement	this Pe	riod
Candidate Name			Category/	T.			5000.0	0
Office Sought: House Disbursen	nent For:		Туре		7	7		
		eneral						
President	Other (specify)							
State: District:								
Full Name (Last, First, Middle Initial)				D.: 1	D'alam			
B. MODERATE DEMOCRATS PAC					Disbursemer			_
Mailing Address 426 C STREET NE				M = M Q1	30)13	
,	State Zip Coo DC 20002	de		Transa	ction ID : D	140293		
Washington Purpose of Disbursement	20002							
Contribution				Amount	of Each Dist	oursement	this Pe	riod
Candidate Name			Category/				5000.0	00
Office Sought: House Disbursen	nont For		Туре		7	7	5550.0	.5
		eneral						
	Other (specify) ▼							
State: District:								
Full Name (Last, First, Middle Initial)								
C. National Republican Congressiona	I Committee			Date of	Disbursemer			
Mailing Address 320 1st St SE	Mailing Address 320 1st St SE						13	
,	State Zip Coo DC 20003-			Transa	ction ID : D	140142		
Purpose of Disbursement	20003-	1000						
Contribution				Amount	of Each Dist	oursement	this Pe	riod
Candidate Name			Category/				15000.0	0
Office Sought: House Disbursen	nent For:		Туре		7	7	. 3030.0	-
		eneral						
President	Other (specify) ▼							
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IT	EMIZED DISBURSEMENTS	for each ca	te schedule(s) tegory of the	(check only	one)	3 24 25 26				
			mmary Page	27		8b 28c 29 30b				
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	for commercial purposes, other than using the name									
	NAME OF COMMITTEE (In Full)									
	American Health Care Association	Political A	Action Com	mittee						
_	Full Name (Last, First, Middle Initial)				D.4 (5):					
A.	National Republican Senatorial Co	mmittee			Date of Disbu					
	Mailing Address 425 2nd St NE				01	22 2013				
	City		Zip Code		Transaction	n ID : D140145				
	Washington	DC	20002-4914		Transaction	110.0140143				
	Purpose of Disbursement Contribution				Amount of Ea	ach Disbursement this Period				
	Candidate Name			Category/ Type		15000.00				
	Office Sought: House Disbursen	nent For:		Турс						
	Senate	Primary	General							
	President State: District:	Other (specify	/) ▼							
_	State: District: Full Name (Last, First, Middle Initial)									
В.	New Democrat Coalition				Date of Disbu					
	Mailing Address 607 14th St NW Ste 800			01	14 2013					
	Washington		Zip Code 20005-2005		Transaction	n ID : D140033				
	Purpose of Disbursement Contribution				Amount of Ea	ach Disbursement this Period				
	Candidate Name			Category/ Type		5000.00				
	Office Sought: House Disbursen	nent For:		Турс		, , , , , , , , , , , , , , , , , , , ,				
	Senate	Primary	General							
	State: President State:	Other (specify	<u>√</u>) ▼							
_	Full Name (Last, First, Middle Initial)				B					
Ċ.	NUNNELEE FOR CONGRESS				Date of Disbu					
	Mailing Address 438 EAST MAIN ST				01	22 2013				
	,		Zip Code 38802		Transaction	n ID : D140146				
	Purpose of Disbursement									
	Contribution				Amount of Ea	ach Disbursement this Period				
	Candidate Name			Category/		1000.00				
	Rep. Alan Nunnelee Office Sought:	nont For: 00	1.4	Туре		1,000,00				
	Office Sought: House Disbursen	nent For: 20° Primary Other (specify	General							
	State: MS District: 01									
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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 36 OF 37						
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	NOMBER.					
	for each category of the Detailed Summary Page	21b	22 🗙 23 24 25 26					
	Dotailor Outilinary Lage	27	28a 28b 28c 29 30b					
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or for commercial purposes, other than using the nam	e and address of any politic	al committee to	solicit contributions from such committee.					
NAME OF COMMITTEE (In Full)	Dallidaal Asii O							
American Health Care Association	Political Action Con	nmittee						
Full Name (Last, First, Middle Initial)								
A. CANTOR FOR CONGRESS			Date of Disbursement					
Mailing Address P. O. Box 17813			01 14 2013					
Mailing Address P. O. Box 17613			01 14 2013					
City	State Zip Code		Transaction ID : D140032					
Richmond	VA 23226		Transaction ID: D140032					
Purpose of Disbursement Contribution			Amount of Each Disbursement this Period					
Candidate Name			Amount of Each dispulsement this Fellou					
Rep. Eric Cantor		Category/ Type	1000.00					
	nent For: 2014							
	Primary General							
President President 07	Other (specify) ▼							
State: VA District: 07								
Full Name (Last, First, Middle Initial) B. KEVIN MCCARTHY FOR CONGR	FSS		Date of Disbursement					
- REVINIMOCARTITITION CONGR		M = M / D = D / Y = Y = Y						
Mailing Address PO Box 12667		01 14 2013						
City S Bakersfield	State Zip Code CA 93389		Transaction ID : D140031					
Purpose of Disbursement	93369							
Contribution			Amount of Each Disbursement this Period					
Candidate Name		Category/	2500.00					
Rep. Kevin McCarthy		Туре	2300.00					
	nent For: 2014 Primary General							
	Primary General Other (specify)							
State: CA District: 23	Canon (openity)							
Full Name (Last, First, Middle Initial)								
C. TOM REED FOR CONGRESS			Date of Disbursement					
Matter Address 2014			M M / D D / Y Y Y Y					
Mailing Address 99 W 1st Street			01 30 2013					
City	State Zip Code		Transaction ID - D440202					
	NY 14830		Transaction ID : D140292					
Purpose of Disbursement Contribution								
Candidate Name			Amount of Each Disbursement this Period					
Rep. Thomas W Reed II		Category/ Type	5000.00					
	nent For: 2014	71"						
	Primary General							
President	Other (specify) ▼							
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the mane and address of any political committee to solicit contributions from such committee. Animal Care Association Political Action Committee Full Name (Last, First, Middle Initial) A. Tuesday Group Political Action Committee Mailing Address PO Box 11586 City State Zip Code Washington DC 20008 Purpose of Disbursement Contribution Candidate Name City State: District Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Can	TEMIZED DISBURSEMENTS	for each category of the	(check only 21b	one) 22 X 23			
NAME OF COMMITTEE (in Full) Arnerican Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Tuesday Group Political Action Committee Mailing Address PO Box 11586 City State Zip Code Washington DC 20008 Transaction ID: D139994 Amount of Each Disbursement Contribution Candidate Name Category/ State: District: Full Name (Last, First, Middle Initial) State: District: Full Name (Last, First, Middle Initial) State: District: Full Name (Last, First, Middle Initial) State: District: Full Name (Last, First, Middle Initial) State: District: Full Name (Last, First, Middle Initial) State: District: Full Name (Last, First, Middle Initial) State: District: Full Name (Last, First, Middle Initial) State: District: Full Name (Last, First, Middle Initial) State: District: Sta			d by any perso	on for the purpose	of soliciting contributions		
American Health Care Association Political Action Committee Full Name (Last, First, Middle Initial) Tuesday Group Political Action Committee Mailing Address PO Box 11686 City State Zip Code Washington DC 20008 Purpose of Disbursement Contribution Candidate Name City State: District: Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House President Disbursement For: Senate President Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Disbursement this Period Category/ Type Office Sought: House Disbursement For: Senate Primary General Disbursement Candidate Name Category/ Type Office Sought: House Disbursement Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Disbursement Category/ Type Office Sought: House Disbursement For: Senate Disbursement Category/ Type Office Sought: House Disbursement For: Senate Disbursement Category/ Type Office Sought: House Disbursement For: Senate Disburse		e and address of any politica	al committee to	solicit contribution	s from such committee.		
Tuesday Group Political Action Committee Mailing Address PO Box 11586 City State Zip Code DC 20008 Transaction ID : D139994 Amount of Each Disbursement this Period Category/ Type Office Sought: House President Disbursement Candidate Name Category/ Sonate Primary General Primary	, ,		•				
A Tuesday Group Political Action Committee Mailing Address PO Box 11586 City State Zip Code 20008 Purpose of Disbursement Contribution Candidate Name City State Primary General Primary G	American Health Care Association	Political Action Com	mittee				
Amount of Each Disbursement this Period City State Zip Code		•		Data of Diahuma			
Mailing Address PO Box 11586 City State Zip Code DC 20008 Purpose of Disbursement Contribution Candidate Name City State Zip Code Primary General Other (specify) ▼ State Zip Code Disbursement Tor: Senate Primary General Other (specify) ▼ Category' Type South of Disbursement This Period Candidate Name City State Zip Code Purpose of Disbursement Candidate Name Cottogory' Type Category' Type Categor	Tuesday Group Political Action Cor	Tuesday Group Political Action Committee					
Washington DC 20008 Transaction ID : D139994 Amount of Each Disbursement this Period Category/ Type Sought: House Senate Primary General City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House President City State Zip Code Purpose of Disbursement Category/ Type Office Sought: House President Category/ Type Office Sought: House Primary General Category/ Type Office Sought: District: Full Name (Last, First, Middle Initial) Amount of Each Disbursement this Period Category/ Type Office Sought: District: Full Name (Last, First, Middle Initial) State: District: State: Disbursement Category/ Type Office Sought: House Senate Primary General Other (specify) General Other (specify) General Other (specify) State Subtotal of Disbursement this Period Amount of Each Disbursement this Period Subtotal of Disbursemen	Mailing Address PO Box 11586						
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Contribution Candidate Name Category/ Type Office Sought:	rraeg.e	DC 20008		Transaction is			
Office Sought: House Senate President State: District: Senate President Other (specify) Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category' Type Office Sought: House Senate Primary General President Other (specify) Each Disbursement Tor: Senate Primary General President Other (specify) Mailing Address City State Zip Code Disbursement For: Senate Primary General Other (specify) Each Disbursement Tipe Other (specify) Amount of Each Disbursement Tipe Other (specify) Amount of Each Disbursement Tipe Other (specify) Date of Disbursement Tipe Other (specify) Amount of Each Disbursement Tipe Other (specify) Amount of Each Disbursement Tipe Other (specify) Amount of Each Disbursement Tipe Other (specify) Subtotal of Disbursement Tipe Other (specify) Subtotal of Disbursement This Page (optional) Subtotal of Disbursement Tipe Sounce Subtotal Disbursement Tipe Other (specify) Subtotal of Disbursement Tipe Disbursement Tipe Sounce Subtotal Disbursement Tipe Other (specify) Subtotal of Disbursements This Page (optional) Subtotal of Disbursements Tipe Disbursement Tipe				Amount of Each	Disbursement this Period		
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